

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832561

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: EYKON WALL SOURCE, INC.

## Current Principal Place of Business:

5675 EAST SHELBY DRIVE  
P.O. BOX 750355  
MEMPHIS, TN 38175

## New Principal Place of Business:

## Current Mailing Address:

5675 EAST SHELBY DRIVE  
P.O. BOX 750355  
MEMPHIS, TN 38175

## New Mailing Address:

FEI Number: 62-0846569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, DEVIN L MANAGER  
2319 LATRIUM CIRCLE NORTH  
PONTE VEDRA BCH, FL 32082 US

## Name and Address of New Registered Agent:

MORRIS, DEVIN L MANAGER  
1701 THE GREENS WAY  
JACKSONVILLE, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORRIS, GARY  
Address: 5675 E SHELBY DRIVE  
City-St-Zip: MEMPHIS, TN 38141

Title: VD ( ) Delete  
Name: MORRIS, JAMES L  
Address: 5675 E SHELBY DRIVE  
City-St-Zip: MEMPHIS, TN 38141

Title: STD ( ) Delete  
Name: MORRIS, JAMES L.  
Address: 5675 E SHELBY  
City-St-Zip: MEMPHIS, TN 38141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. MORRIS

VD

03/22/2006

Electronic Signature of Signing Officer or Director

Date